

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 119

For Official Use Only

Statement covers period

from 07/01/2018

through 09/22/2018

Date of election if applicable:
(Month, Day, Year)

11/06/2018

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

Amended to reflect transactions inadvertently omitted from Schedules C and F.

3. Committee Information

I.D. NUMBER
1399958

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by
AIDS Healthcare Foundation and ACCE Action

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90024	(310) 576-1233

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

(310) 319-0156 / bpalmer@strumwooch.com

Treasurer(s)

NAME OF TREASURER
Beverly Grossman Palmer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90024	(310) 576-1233

NAME OF ASSISTANT TREASURER, IF ANY
Fredric Woocher

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90024	(310) 576-1233

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>01/31/2019</u>	By <u>Beverly Grossman Palmer</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DATE		
Executed on <u>01/31/2019</u>	By <u>Michael Weinstein</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
DATE		
Executed on <u>01/31/2019</u>	By <u>Christina Livingston</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
DATE		
Executed on <u>01/31/2019</u>	By <u>Elena Popp</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
DATE		

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Expands Local Governments' Authority to Enact Rent Control on Residential Property. Initiative Statute.

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
10	Statewide	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Michael Weinstein

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Christina Livingston

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Elena Popp

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>119</u> I.D. NUMBER 1399958
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$10,705,205.25	\$12,735,205.25
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$10,705,205.25	\$12,735,205.25
4. Nonmonetary Contributions	Schedule C, Line 3	\$478,574.10	\$646,441.18
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$11,183,779.35	\$13,381,646.43

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$9,093,959.57	\$11,273,601.01
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$9,093,959.57	\$11,273,601.01
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$1,194,025.55	\$1,242,388.31
10. Nonmonetary Adjustment	Schedule C, Line 3	\$478,574.10	\$646,441.18
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$10,766,559.22	\$13,162,430.50

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$25,368.56	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$10,705,205.25	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$9,093,959.57	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$1,636,614.24	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$1,242,388.31

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 6 of 119

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/2/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$35,000.00	\$12,643,553.61	2018G: \$12,818,553.61
7/6/2018	Santa Cruz for Bernie PAC Santa Cruz, CA 95062 Committee ID: 1399958	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2018G: \$150.00
7/18/2018	Brenna Fitzpatrick Woodside, CA 94062-2555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed Unemployed	\$27.00	\$27.00	2018G: \$27.00
7/26/2018	Craig O'Connor San Francisco, CA 94102-6251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Granite Sysadmin	\$10.00	\$20.00	2018G: \$20.00
7/27/2018	Stacey Falls Santa Cruz, CA 95060-5943	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Cruz High School Teacher	\$100.00	\$100.00	2018G: \$100.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$10,705,205.25

2. Amount received this period - unitemized contributions of less than \$100

\$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$10,705,205.25

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 7 of 119

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2018	Ladd Sullivan Los Angeles, CA 90005-3725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atkinson, Andelson Paralegal	\$20.00	\$70.00	2018G: \$70.00
8/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$130,000.00	\$12,643,553.61	2018G: \$12,818,553.61
8/2/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000,000.00	\$12,643,553.61	2018G: \$12,818,553.61
8/2/2018	Linh Le Redwood City, CA 94063-1888	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hearsay Systems Customer Education Manager	\$10.00	\$20.00	2018G: \$10.00
8/3/2018	Faisal Fazilat Santa Cruz, CA 95060-5562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed Unemployed	\$100.00	\$100.00	2018G: \$100.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 8 of 119

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NAME OF FILER

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I.D. Number
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/2018	Arielle Sallai Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coalition for Affordable Housing Consultant	\$5.00	\$10.00	2018G: \$10.00
8/5/2018	Craig O'Connor San Francisco, CA 94102-6251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Granite Sysadmin	\$10.00	\$20.00	2018G: \$20.00
8/7/2018	Malenia Horn San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$1.00	\$1.00	2018G: \$1.00
8/7/2018	Michael Kalmans Washington, DC 20008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rising Tide Interactive Advertising Associate	\$1.00	\$1.00	2018G: \$1.00
8/8/2018	Thomas Fenster Oakland, CA 94608-3706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	StopWaste Student and Local Government Employee	\$100.00	\$100.00	2018G: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 9 of 119

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I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/8/2018	Dustin Keene Citrus Heights, CA 95621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$0.00	2018G: \$0.00
8/9/2018	Darren W. Alexander Sacramento, CA 95833-1436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Walmart Stores Inc Store Associate	\$5.00	\$5.00	2018G: \$5.00
8/9/2018	Angella Clarke Sacramento, CA 95815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None None	\$5.00	\$5.00	2018G: \$5.00
8/9/2018	Glenn Hollero Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SFMTA Auto Mechanic	\$5.00	\$5.00	2018G: \$5.00
8/10/2018	Ivan Ivanov Los Angeles, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Videographer	\$5.00	\$5.00	2018G: \$5.00
SUBTOTAL						

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 10 of 119

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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2018	Mary McNally West Sacraento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance of America Holdings LLC Accountant	\$10.00	\$10.00	2018G: \$10.00
8/10/2018	Jude Power Bayside, CA 95524-9302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired Educator	\$50.00	\$50.00	2018G: \$50.00
8/10/2018	Ray Simmons Los Angeles, CA 90036-4947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBS Films Motion Pictures	\$50.00	\$50.00	2018G: \$50.00
8/10/2018	Autumn Wright Buena Park, CA 90621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	M V Transportation Customer Service	\$10.00	\$10.00	2018G: \$10.00
8/11/2018	L.E. Correia Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self TV Writer	\$100.00	\$100.00	2018G: \$100.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 11 of 119

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/11/2018	Zak Long San Francisco, CA 94109-5140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California Video Producer	\$27.00	\$54.00	2018G: \$54.00
8/12/2018	Nicole Faison Long Beach, CA 90805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bloomfield West QIDP	\$5.00	\$5.00	2018G: \$5.00
8/12/2018	Melissa Love Long Beach, CA 90805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Walmart Retail	\$10.00	\$10.00	2018G: \$10.00
8/13/2018	Adele Andrade Alhambra, CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alhambra Unified Board of Education	\$100.00	\$100.00	2018G: \$100.00
8/15/2018	Juan Castillo-Alvarado Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latino Equality Alliance Director of Public Education	\$25.00	\$25.00	2018G: \$25.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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8/15/2018	Rena Pezzuto Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$10.00	\$10.00	2018G: \$10.00
8/16/2018	Adam Badlotto Los Angeles, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blackmagic Design Inc. Tech Support	\$5.00	\$5.00	2018G: \$5.00
8/16/2018	Steve Clare Los Angeles, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$250.00	\$250.00	2018G: \$250.00
8/16/2018	Manuela Hutchinson Los Angeles, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Sales	\$5.00	\$5.00	2018G: \$5.00
8/16/2018	Jonah Paul Sacramento, CA 95817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sacramento Housing Alliance Communications Contractor	\$10.00	\$10.00	2018G: \$10.00
SUBTOTAL						

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SCHEDULE A (CONT.)

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8/16/2018	Adriana Swain Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Social Justice Learning Institute Communications Coordinator	\$25.00	\$25.00	2018G: \$25.00
8/16/2018	Paul Tepper Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Center on Law & Poverty Executive Director	\$100.00	\$100.00	2018G: \$100.00
8/17/2018	Kacy Burkhart Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American River College Student	\$5.00	\$15.00	2018G: \$15.00
8/17/2018	Kacy Burkhart Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American River College Student	\$5.00	\$15.00	2018G: \$15.00
8/17/2018	Kacy Burkhart Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American River College Student	\$5.00	\$15.00	2018G: \$15.00
SUBTOTAL						

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SCHEDULE A (CONT.)

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8/17/2018	Yvonne Chambers Los Angeles, CA 90037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$5.00	\$5.00	2018G: \$5.00
8/17/2018	Wendy Metrogen Newcastle, Ca 95658	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Disabled	\$5.00	\$5.00	2018G: \$5.00
8/17/2018	Jonathan Nack Oakland, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$25.00	\$25.00	2018G: \$25.00
8/18/2018	Jessica Dominguez Indio, CA 92202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$5.00	\$5.00	2018G: \$5.00
8/18/2018	Chet Lexvold San Mateo, CA 94401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LexisNexis Consultant	\$10.00	\$20.00	2018G: \$20.00
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8/19/2018	Paul Andrews Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$5.00	\$5.00	2018G: \$5.00
8/19/2018	Cherie Froehle Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Vacation Rental Cleaner	\$1.00	\$1.00	2018G: \$1.00
8/20/2018	Peter Dreier Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occidental College Professor	\$50.00	\$50.00	2018G: \$50.00
8/20/2018	Janice Kendall San Francisco, CA 94127-2333	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Computer Software Professional	\$5.00	\$5.00	2018G: \$5.00
8/20/2018	Richard Marcantonio Berkeley, CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Advocates, Inc. Managing Attorney	\$50.00	\$50.00	2018G: \$50.00
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SCHEDULE A (CONT.)

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8/20/2018	Kathleen Reilley Oceanside, CA 92056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$50.00	\$50.00	2018G: \$50.00
8/20/2018	Dana Sniezko San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stripe Inc Engineer	\$250.00	\$250.00	2018G: \$250.00
8/21/2018	Linda Alcantar Pico Rivera, CA 90660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Listo Incorporated Caregiver	\$5.00	\$5.00	2018G: \$5.00
8/21/2018	Mary Knight Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$5.00	\$5.00	2018G: \$5.00
8/21/2018	Michelle Poveda San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	USD Executive Assistant	\$5.00	\$5.00	2018G: \$5.00
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8/21/2018	Jennifer Snow Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suteki Collection Art Director	\$3.00	\$3.00	2018G: \$3.00
8/21/2018	Salma Solis Los Angeles, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staples Cashier	\$5.00	\$5.00	2018G: \$5.00
8/21/2018	Roseann Traer Canyon Country, CA 91351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$10.00	2018G: \$10.00
8/22/2018	Erika Burke San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scribe415 CEO	\$25.00	\$25.00	2018G: \$25.00
8/22/2018	James Freake San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPMC RN	\$10.00	\$20.00	2018G: \$20.00
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SCHEDULE A (CONT.)

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8/22/2018	Ladd Sullivan Los Angeles, CA 90005-3725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atkinson, Andelson Paralegal	\$10.00	\$70.00	2018G: \$70.00
8/22/2018	Daniel Wright Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Attorney	\$25.00	\$75.00	2018G: \$75.00
8/23/2018	Jennifer Brown Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Help Desk Support	\$50.00	\$90.00	2018G: \$90.00
8/23/2018	Daniel Casarez Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Breville Customer Service	\$5.00	\$5.00	2018G: \$5.00
8/23/2018	Veramae Palmer Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$1.00	\$1.00	2018G: \$1.00
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8/23/2018	Preston Parsley Spring Branch, TX 78070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disability Disability	\$5.00	\$5.00	2018G: \$5.00
8/23/2018	Jennifer Wood Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	House of Representatives Legislative Assistant	\$250.00	\$250.00	2018G: \$250.00
8/24/2018	Eliana Greenberg Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Health Care Consultant	\$35.00	\$35.00	2018G: \$35.00
8/24/2018	Brandie Johnson Los Angeles, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Powerlend Underwriter	\$5.00	\$5.00	2018G: \$5.00
8/24/2018	David Seitz Los Angeles, CA 90005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harvey Mudd College Assistant Professor	\$100.00	\$100.00	2018G: \$100.00
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8/24/2018	Nancy Wilson Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Santa Monica Library Assistant 2	\$15.00	\$15.00	2018G: \$15.00
8/25/2018	Charles Nesby Rialto, CA 92376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ventel Telecommunications	\$1.00	\$1.00	2018G: \$1.00
8/25/2018	Sheila Torres Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Okole Maluna Barista	\$10.00	\$10.00	2018G: \$10.00
8/26/2018	Thomas Marlowe Rahway, NJ 07065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Seton Hall University Professor	\$6.25	\$6.25	2018G: \$6.25
8/27/2018	Elizabeth Cooper Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Caregiver	\$5.00	\$5.00	2018G: \$5.00
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8/27/2018	Ariel Diliberto Philadelphia, PA 19125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Philadelphia City Planner	\$25.00	\$25.00	2018G: \$25.00
8/27/2018	Brian McDonald Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$700.00	\$700.00	2018G: \$700.00
8/28/2018	Betty Gabaldon Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kohls Cashier	\$5.00	\$5.00	2018G: \$5.00
8/28/2018	Marla Wilson Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resource Media Program Director	\$10.00	\$10.00	2018G: \$10.00
8/29/2018	Duncan White San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$10.00	2018G: \$10.00
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I.D. Number
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2018	Nancy Falk Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None None	\$100.00	\$100.00	2018G: \$100.00
8/30/2018	Adam Navarro Newman, CA 95360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$10.00	2018G: \$10.00
8/30/2018	Lisa Stevens Tujunga, CA 91042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home Town Buffet Buffet line server	\$5.00	\$5.00	2018G: \$5.00
8/30/2018	Betty Williams Los Angeles, CA 90037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$1.00	\$1.00	2018G: \$1.00
8/30/2018	Daniel Wright Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Attorney	\$50.00	\$75.00	2018G: \$75.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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8/31/2018	Jennifer Brown Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Help Desk Support	\$15.00	\$90.00	2018G: \$90.00
8/31/2018	Alexis Davis Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architecture Administrator	\$3.00	\$3.00	2018G: \$3.00
8/31/2018	Rodrigo Vazquez Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fox Networks Attorney	\$100.00	\$100.00	2018G: \$100.00
8/31/2018	Robert Wiener Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Coalition for Rural Housing Affordable Housing	\$100.00	\$100.00	2018G: \$100.00
9/1/2018	Jeffrey Kaplan Berkeley, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$200.00	\$400.00	2018G: \$400.00
SUBTOTAL						

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SCHEDULE A (CONT.)

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9/1/2018	Jeffrey Kaplan Berkeley, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$200.00	\$400.00	2018G: \$400.00
9/1/2018	Cristal McLaughlin West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gep Cencast LLC Actor	\$5.00	\$5.00	2018G: \$5.00
9/1/2018	Marvin Vargas Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of LA Museum Guide	\$100.00	\$100.00	2018G: \$100.00
9/2/2018	Lauren Chiarulli Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Millbrae Elementary Teacher	\$25.00	\$25.00	2018G: \$25.00
9/2/2018	Linh Le Redwood City, CA 94063-1888	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hearsay Systems Customer Education Manager	\$10.00	\$20.00	2018G: \$10.00
SUBTOTAL						

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SCHEDULE A (CONT.)

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9/4/2018	Brian Cunha Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brian Cunha Computer Consultant IT Consultant	\$3.00	\$3.00	2018G: \$3.00
9/4/2018	Roselle Gozali San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SFUSD Sub teacher	\$25.00	\$25.00	2018G: \$25.00
9/4/2018	Rachel Iskow Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Independent consultant	\$100.00	\$100.00	2018G: \$100.00
9/4/2018	Michael Novick Los Angeles, CA 90016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$15.00	\$15.00	2018G: \$15.00
9/4/2018	Ladd Sullivan Los Angeles, CA 90005-3725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atkinson, Andelson Paralegal	\$40.00	\$70.00	2018G: \$70.00
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SCHEDULE A (CONT.)

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9/5/2018	Kimberly Allen Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNICEF Nutrition Specialist	\$10.00	\$10.00	2018G: \$10.00
9/5/2018	Jeffrey Levin El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Bay Housing Organizations Policy Director	\$100.00	\$100.00	2018G: \$100.00
9/6/2018	Brandon Liebhaber Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jackson Generals Broadcaster	\$25.00	\$25.00	2018G: \$25.00
9/6/2018	Eduardo Vidales Salinas, CA 93906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Employe General Labor	\$3.00	\$3.00	2018G: \$3.00
9/7/2018	James Freake San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPMC RN	\$10.00	\$20.00	2018G: \$20.00
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SCHEDULE A (CONT.)

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9/7/2018	Matt Luedke San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spin Inc. Software Engineer	\$350.00	\$350.00	2018G: \$350.00
9/7/2018	Lori McCoy Shuler Inglewood, CA 90302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manatt Phelps & Phillips Paralegal	\$10.00	\$10.00	2018G: \$10.00
9/7/2018	Patrick Range McDonald West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Consultant	\$500.00	\$500.00	2018G: \$500.00
9/7/2018	Mercedes Parker San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of San Luis Obispo Social Services	\$25.00	\$25.00	2018G: \$25.00
9/7/2018	Kristy Phan Rosemead, CA 91770	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$5.00	\$5.00	2018G: \$5.00
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9/7/2018	Jonathan Weaver San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$150.00	\$150.00	2018G: \$150.00
9/8/2018	Carlos Guevara Huntington Park, CA 90255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$3.00	\$9.00	2018G: \$9.00
9/8/2018	Linda Logan Elk Grove, CA 95757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$3.00	\$3.00	2018G: \$3.00
9/8/2018	Jeff May San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rally Health Senior Software Engineer	\$100.00	\$100.00	2018G: \$100.00
9/8/2018	Adina Montgomery Los Angeles, CA 91304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$10.00	2018G: \$10.00
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9/8/2018	Richard Rios Los Angeles, CA 90022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levy Restaurants Concessions	\$3.00	\$3.00	2018G: \$3.00
9/8/2018	Arielle Sallai Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coalition for Affordable Housing Consultant	\$5.00	\$10.00	2018G: \$10.00
9/8/2018	Joyce Sykes Vista, CA 92081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Half Int'l Contract Accountant	\$10.00	\$10.00	2018G: \$10.00
9/10/2018	Aleksandr Nisnevich Berkeley, CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Microsoft Software Engineer	\$25.00	\$50.00	2018G: \$50.00
9/11/2018	Thomas Donohue Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intact, Inc. Technical Consultant	\$100.00	\$100.00	2018G: \$100.00
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9/11/2018	Zak Long San Francisco, CA 94109-5140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California Video Producer	\$27.00	\$54.00	2018G: \$54.00
9/11/2018	Katherine McCollough Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Concord Music Social Media Idiot	\$10.00	\$10.00	2018G: \$10.00
9/13/2018	Joshua Norvell San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Synopsys Programmer	\$25.00	\$25.00	2018G: \$25.00
9/14/2018	Jennifer Brown Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Help Desk Support	\$25.00	\$90.00	2018G: \$90.00
9/14/2018	California Teachers Association Burlingame, CA 94010 Committee ID: 880873	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500,000.00	\$500,000.00	2018G: \$500,000.00
SUBTOTAL						

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9/14/2018	Sheilah Golden Glendale, CA 91020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Massage Therapist	\$10.00	\$10.00	2018G: \$10.00
9/14/2018	***RETURNED*** Dustin Keene Citrus Heights, CA 95621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	(\$10.00)	\$0.00	2018G: \$0.00
9/14/2018	Chet Lexvold San Mateo, CA 94401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LexisNexis Consultant	\$10.00	\$20.00	2018G: \$20.00
9/14/2018	Matthew Nathanson Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Cruz Public Health Nurse	\$100.00	\$100.00	2018G: \$100.00
9/14/2018	Katie Simpson San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DocuSign Copywriter	\$10.00	\$20.00	2018G: \$20.00
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9/14/2018	Jessi Stein Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Envision Schools Special Education Teacher	\$10.00	\$10.00	2018G: \$10.00
9/15/2018	Carlos Guevara Huntington Park, CA 90255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$3.00	\$9.00	2018G: \$9.00
9/15/2018	Wei-Ling Huber Richmond, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unite Here Local 2850 Union Officer	\$25.00	\$25.00	2018G: \$25.00
9/15/2018	Paula Litt Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$3,500.00	\$3,500.00	2018G: \$3,500.00
9/15/2018	Jason Tarricone San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Legal Services in East Palo Alto Housing Program Director	\$50.00	\$50.00	2018G: \$50.00
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 33 of 119

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2018	Ji Sung Kim Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$25.00	\$25.00	2018G: \$25.00
9/17/2018	Aleksandr Nisnevich Berkeley, CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Microsoft Software Engineer	\$25.00	\$50.00	2018G: \$50.00
9/17/2018	Gloria Schoenfeldt Berkeley, CA 94702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified Teacher	\$250.00	\$250.00	2018G: \$250.00
9/18/2018	Eugene Pietra Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25,000.00	\$25,000.00	2018G: \$25,000.00
9/18/2018	Stefanie Roth Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$250.00	\$250.00	2018G: \$250.00
SUBTOTAL						

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 34 of 119

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2018	Pamela White Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$50.00	\$50.00	2018G: \$50.00
9/20/2018	Mindy Natale Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oakland Unified School District Educator	\$10.00	\$10.00	2018G: \$10.00
9/21/2018	Marie Bertonneau Los Angeles, CA 91601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lineage Digital Marketing Strategist	\$10.00	\$10.00	2018G: \$10.00
9/21/2018	Adam Gunther Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Musician	\$5,000.00	\$5,000.00	2018G: \$5,000.00
9/21/2018	Katie Simpson San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DocuSign Copywriter	\$10.00	\$20.00	2018G: \$20.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 35 of 119

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2018	Carlos Guevara Huntington Park, CA 90255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$3.00	\$9.00	2018G: \$9.00
9/22/2018	John Simonian San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UAW Local 2865 Clerical Staff	\$50.00	\$50.00	2018G: \$50.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$10,705,205.25		

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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM 460

Page 36 of 119

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER

1399958

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ Net _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
Page <u>37</u> of <u>119</u>	I.D. Number 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460 Page 38 of 119 I.D. Number 1399958
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1002	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Materials for canvassing/volunteer support	\$72.49	\$579.17	2018G: \$579.17
9/18/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1003	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Materials for canvassing/volunteer support	\$15.73	\$579.17	2018G: \$579.17
9/18/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1006	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Materials for canvassing/volunteer support	\$40.89	\$579.17	2018G: \$579.17
9/18/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1007	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Materials for canvassing/volunteer support	\$34.86	\$579.17	2018G: \$579.17

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$478,574.10

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$478,574.10
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$478,574.10

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 07/01/2018

through 09/22/2018

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1008	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Materials for canvassing/volunteer support	\$43.15	\$579.17	2018G: \$579.17
9/18/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1009	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		toner for printing	\$27.98	\$579.17	2018G: \$579.17
9/13/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1010	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Incremental CRM cost	\$10.00	\$579.17	2018G: \$579.17
8/29/2018	California Democratic Party Sacramento, CA 95811 Memo Reference: NON1015 Committee ID: 741666	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Graphics/printing (walk piece)	\$483.81	\$483.81	2018G: \$483.81

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2018	Committee to Save Our Neighborhoods, Sponsored by Alliance of Californians for Community Empowerment Action Los Angeles, CA 90017 Memo Reference: NON1016 Committee ID: 1352610	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses - Snacks	\$45.89	\$282.24	2018G: \$282.24
7/11/2018	Committee to Save Our Neighborhoods, Sponsored by Alliance of Californians for Community Empowerment Action Los Angeles, CA 90017 Memo Reference: NON1017 Committee ID: 1352610	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses - Parking	\$3.00	\$282.24	2018G: \$282.24
7/14/2018	Committee to Save Our Neighborhoods, Sponsored by Alliance of Californians for Community Empowerment Action Los Angeles, CA 90017 Memo Reference: NON1018 Committee ID: 1352610	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses - Parking	\$35.00	\$282.24	2018G: \$282.24
7/14/2018	Committee to Save Our Neighborhoods, Sponsored by Alliance of Californians for Community Empowerment Action Los Angeles, CA 90017 Memo Reference: NON1019 Committee ID: 1352610	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses - Snacks	\$47.95	\$282.24	2018G: \$282.24

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2018	East Bay Working Families, A Coalition of Unions and Community Groups Richmond, CA 94801 Memo Reference: NON1020 Committee ID: 1390351	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Mailer	\$1,680.10	\$86,072.94	2018G: \$86,072.94
7/18/2018	Committee to Save Our Neighborhoods, Sponsored by Alliance of Californians for Community Empowerment Action Los Angeles, CA 90017 Memo Reference: NON1052 Committee ID: 1352610	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses - Mileage	\$120.44	\$282.24	2018G: \$282.24
7/11/2018	Committee to Save Our Neighborhoods, Sponsored by Alliance of Californians for Community Empowerment Action Los Angeles, CA 90017 Memo Reference: NON1053 Committee ID: 1352610	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses - Snacks	\$22.96	\$282.24	2018G: \$282.24
7/18/2018	Committee to Save Our Neighborhoods, Sponsored by Alliance of Californians for Community Empowerment Action Los Angeles, CA 90017 Memo Reference: NON1054 Committee ID: 1352610	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses - Supplies	\$7.00	\$282.24	2018G: \$282.24

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1061 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Ad words	\$850.00	\$12,643,553.61	2018G: \$12,818,553.61
9/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1062 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Ad words	\$1,000.00	\$12,643,553.61	2018G: \$12,818,553.61
9/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1063 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Ad words	\$2,000.00	\$12,643,553.61	2018G: \$12,818,553.61
9/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1064 Committee ID: 1281664	<div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div>		Ad words	\$2,000.00	\$12,643,553.61	2018G: \$12,818,553.61

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1065 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Ad words	\$2,000.00	\$12,643,553.61	2018G: \$12,818,553.61
9/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1069 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff time	\$84,060.00	\$12,643,553.61	2018G: \$12,818,553.61
9/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1973 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Press release distribution inv. #4982512	\$945.00	\$12,643,553.61	2018G: \$12,818,553.61
9/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1974 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Gobos	\$129.00	\$12,643,553.61	2018G: \$12,818,553.61

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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I.D. Number 1399958	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1975 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Bus Wrap	\$12,896.74	\$12,643,553.61	2018G: \$12,818,553.61
9/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1976 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Glow sticks	\$2,370.00	\$12,643,553.61	2018G: \$12,818,553.61
9/17/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1978 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		1 Week MSNBC TV Placement (LA & Palm Springs)	\$78,370.00	\$12,643,553.61	2018G: \$12,818,553.61
9/17/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1979 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		1 Week MSNBC TV Placement (Multi-Market)	\$24,147.65	\$12,643,553.61	2018G: \$12,818,553.61

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Schedule C Summary

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Schedule C

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SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
1399958

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9/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1980 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Digital Video Campagin	\$100,050.00	\$12,643,553.61	2018G: \$12,818,553.61
8/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1981 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Press release distribution inv. #4975520	\$485.00	\$12,643,553.61	2018G: \$12,818,553.61
8/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1982 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Installation	\$700.00	\$12,643,553.61	2018G: \$12,818,553.61
8/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1984 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Press release distribution inv. #4972985	\$715.00	\$12,643,553.61	2018G: \$12,818,553.61

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Schedule C

Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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8/13/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1985 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Press release distribution inv. #4972301	\$600.00	\$12,643,553.61	2018G: \$12,818,553.61
8/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1986 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Press Conference Photography	\$830.00	\$12,643,553.61	2018G: \$12,818,553.61
8/7/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1987 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Press release distribution inv. #4970651	\$945.00	\$12,643,553.61	2018G: \$12,818,553.61
8/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1988 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Billboards	\$6,570.00	\$12,643,553.61	2018G: \$12,818,553.61

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SUBTOTAL

Schedule C Summary

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Schedule C

Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1990 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Billboards	\$3,088.67	\$12,643,553.61	2018G: \$12,818,553.61
8/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1991 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Press release distribution inv. #4969609	\$2,760.00	\$12,643,553.61	2018G: \$12,818,553.61
7/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1993 Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Press release distribution inv. #4962371	\$600.00	\$12,643,553.61	2018G: \$12,818,553.61
8/15/2018	Housing California Sacramento, CA 95814 Memo Reference: NON869	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Staff time	\$326.96	\$469.41	2018G: \$469.41

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Schedule C Summary

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Schedule C

Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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I.D. Number 1399958	

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2018	Housing California Sacramento, CA 95814 Memo Reference: NON870	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Staff time	\$33.33	\$469.41	2018G: \$469.41
7/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON919 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Bulletin	\$3,500.00	\$12,643,553.61	2018G: \$12,818,553.61
8/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON920 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Bulletin	\$3,088.67	\$12,643,553.61	2018G: \$12,818,553.61
7/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON921 Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Bulletin	\$4,118.22	\$12,643,553.61	2018G: \$12,818,553.61

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Schedule C

Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number
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8/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON922 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bulletin	\$6,570.00	\$12,643,553.61	2018G: \$12,818,553.61
8/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON923 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bulletin	\$19,148.79	\$12,643,553.61	2018G: \$12,818,553.61
8/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON924 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bulletin	\$3,500.00	\$12,643,553.61	2018G: \$12,818,553.61
9/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON925 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bulletin	\$19,148.79	\$12,643,553.61	2018G: \$12,818,553.61

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SCHEDULE C

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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8/10/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON963	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Canvass and food	\$33.48	\$579.17	2018G: \$579.17
8/12/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON964	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Canvass food	\$61.28	\$579.17	2018G: \$579.17
8/17/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON965	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Canvass food	\$37.56	\$579.17	2018G: \$579.17
8/31/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON966	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Paper	\$13.22	\$579.17	2018G: \$579.17

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SCHEDULE C

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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8/10/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON967	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Paper and materials	\$85.06	\$579.17	2018G: \$579.17
7/17/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON968	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage	\$2.33	\$579.17	2018G: \$579.17
8/7/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON969	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Toner	\$21.00	\$579.17	2018G: \$579.17
8/13/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON970	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Toner	\$65.14	\$579.17	2018G: \$579.17

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SCHEDULE C

Statement covers period

from 07/01/2018

through 09/22/2018

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I.D. Number
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON971	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Voter File	\$15.00	\$579.17	2018G: \$579.17
9/15/2018	Housing California Sacramento, CA 95814 Memo Reference: NON994	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff time	\$109.12	\$469.41	2018G: \$469.41
9/17/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON995 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Billboard	\$3,500.00	\$12,643,553.61	2018G: \$12,818,553.61
9/15/2018	East Bay Working Families, A Coalition of Unions and Community Groups Richmond, CA 94801 Memo Reference: NON996 Committee ID: 1390351	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phonebanking, Field Work and Door hangers	\$84,392.84	\$86,072.94	2018G: \$86,072.94

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$478,574.10

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	07/01/2018		
through	09/22/2018		
		Page 53	of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2018	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$250,000.00	\$250,000.00	2018G: \$250,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$250,000.00

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$250,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$250,000.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460 Page 54 of 119 I.D. NUMBER 1399958
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Republic Bank Los Angeles, CA 90017	OFC		Stop Payment	\$8.00
First Republic Bank Los Angeles, CA 90017	OFC		Stop Payment	\$8.00
Joe Trippi & Associates, Inc. St. Michaels, MD 21663	TEL			\$8,102,878.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$9,093,959.57
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$9,093,959.57

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through 09/22/2018		Page 55 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Republic Bank Los Angeles, CA 90017	OFC		Wire transfer fee	\$35.00
EveryAction Washington, DC 20005	OFC		Merchant service fees	\$5.35
Jacob Woocher Los Angeles, CA 90025			Intern monthly stipend	\$800.00
Hso Hkam Venice, CA 90291			Reimbursement of costs	\$42.00
Hso Hkam Venice, CA 90291	TEL		Video production	\$1,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through 09/22/2018		Page 56 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Christen Suzette Hebrard Los Angeles, CA 90066	CNS			\$4,000.00
Huubin Amee Chew Los Angeles, CA 90029	CNS			\$4,790.00
Arielle Sallai Los Angeles, CA 90026	CNS			\$4,000.00
Arielle Sallai Los Angeles, CA 90026			Reimbursement of costs	\$863.51
Aimee Ewell West Hills, CA 91307			Reimbursement of costs	\$753.57

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aimee Ewell West Hills, CA 91307	CNS			\$4,000.00
Change Research Berkeley, CA 94709	POL			\$8,000.00
Telegraph Oakland, CA 94612	CNS			\$8,500.00
Hso Hkam Venice, CA 90291	TEL			\$2,000.00
Hso Hkam Venice, CA 90291			Reimbursement of costs	\$38.74

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Poverty Matters Studio City, CA 91614			Reimbursement of costs	\$1,413.94
Housing Long Beach Long Beach, CA 90813	PET			\$1,706.76
AAP Holding Company, Inc. Westlake Village, CA 91361	PET			\$8,582.50
First Republic Bank Los Angeles, CA 90017	OFC			\$35.00
Andrea Slater Vallejo, CA 94590			Contractor	\$1,150.00

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 59 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Susan Shannon Studio City, CA 91614			Reimbursement	\$1,151.96
Jacob Woocher Los Angeles, CA 90025			Reimbursement	\$72.03
Andrea Slater Vallejo, CA 94590			Reimbursement	\$255.71
Andrea Slater Vallejo, CA 94590	CNS			\$5,750.00
Aimee Ewell West Hills, CA 91307			Reimbursement	\$525.65

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 60 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aimee Ewell West Hills, CA 91307	CNS			\$4,000.00
Jacob Woocher Los Angeles, CA 90025		Intern		\$1,600.00
Blue State Digital Chicago, IL 60693-0621		BSD Tools Set-up Fee		\$2,500.00
Aimee Ewell West Hills, CA 91307		Reimbursement		\$234.50
Rising Tide Washington, DC 20005		Advertising		\$10,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 61 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rising Tide Washington, DC 20005			Advertising	\$5,000.00
Arielle Sallai Los Angeles, CA 90026	CNS			\$4,000.00
Arielle Sallai Los Angeles, CA 90026			Reimbursement	\$244.66
EMC Research Columbus, OH 43215	POL		Research	\$44,000.00
EMC Research Columbus, OH 43215	POL		Research	\$12,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through 09/22/2018		Page 62 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME OF FILER

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EMC Research Columbus, OH 43215	POL		Research	\$3,400.00
EMC Research Columbus, OH 43215	CNS			\$2,500.00
Hso Hkam Venice, CA 90291			Reimbursement of Costs	\$59.87
Hso Hkam Venice, CA 90291	TEL			\$3,500.00
Aimee Ewell West Hills, CA 91307			Reimbursement	\$523.91

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 63 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EMC Research Columbus, OH 43215		Reimbursement	\$538.73
Pacific Print Resources Emeryville, CA 94608	LIT		\$813.91
Pacific Print Resources Emeryville, CA 94608	LIT		\$390.02
Press Print, Inc. Banning, CA 92220	CMP		\$824.42
Press Print, Inc. Banning, CA 92220	CMP		\$7,749.82

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bonnie Lee Ann Ulshafer Camarillo, CA 93010	CNS			\$1,500.00
Susan Shannon Studio City, CA 91614	CNS			\$3,000.00
Tracy Austin Inc. Beverly Hills, CA 90210	CNS			\$2,254.00
Ileana Wachtel Pacific Palisades, CA 90272	CNS			\$2,500.00
Elizabeth Marley in Wha Kim Burbank, CA 91506	CNS			\$1,161.29

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
through 09/22/2018		Page 65 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrea Slater Vallejo, CA 94590	CNS			\$5,750.00
Andrea Slater Vallejo, CA 94590		Expenses		\$499.97
Andrea Slater Vallejo, CA 94590		Expenses		\$134.88
Tracy Austin Inc. Beverly Hills, CA 90210	CNS			\$10,000.00
Political Data, Inc. Norwalk, CA 90652	POL			\$15,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95811	CTB			\$250,000.00
Committee ID: 741666 EMC Research Columbus, OH 43215	POL			\$49,500.00
EMC Research Columbus, OH 43215	CNS			\$2,500.00
EMC Research Columbus, OH 43215		Research		\$12,000.00
EMC Research Columbus, OH 43215		Expenses		\$8,458.55

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Susan Shannon Studio City, CA 91614	CNS			\$3,000.00
Bonnie Lee Ann Ulshafer Camarillo, CA 93010	CNS			\$3,483.87
Andrew Naylor Menlo Park, CA 94025	WEB			\$9,000.00
ActBlue Somerville, MA 02144-3132	OFC		Merchant service fee	\$69.67
The Pivot Group, Inc. Washington, DC 20036			Photography	\$10,255.06

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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from 07/01/2018		
through 09/22/2018		Page 68 of 119
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Management Business Services Victorville, CA 92392	LIT			\$10,000.00
COPS Voter Guide Folsom, CA 95630	LIT			\$150,000.00
Committee ID: 599014 Council of Concerned Woman Voters Los Angeles, CA 90039-2520	LIT			\$24,956.00
Committee ID: 1226327 Coalition for Senior Citizen Security Los Angeles, CA 90039-2520	LIT			\$24,741.00
Committee ID: 592015 Feel the Bern Progressive Slate Los Angeles, CA 90039	LIT			\$16,913.00
Committee ID: 1385678				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through 09/22/2018		Page 69 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Our Voice Latino Voter Guide Los Angeles, CA 90039-2520	LIT			\$18,465.00
Committee ID: 599015 SB Strategies Inc. Inglewood, CA 90301	CNS			\$5,000.00
Andrea Slater Vallejo, CA 94590	CNS			\$2,875.00
Elizabeth Marley in Wha Kim Burbank, CA 91506	CNS			\$1,600.00
Susan Shannon Studio City, CA 91614	CNS			\$3,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2018		
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ileana Wachtel Pacific Palisades, CA 90272	CNS			\$1,000.00
SB Strategies Inc. Inglewood, CA 90301	CNS			\$10,000.00
Bonnie Lee Ann Ulshafer Camarillo, CA 93010	CNS			\$3,000.00
First National Bank Omaha Omaha, NE 68103-2818			Credit card statement	\$6,442.86
Voter Guide Slate Cards Long Beach, CA 90808	LIT			\$146,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through 09/22/2018		Page 71 of 119
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Woodland Hills Printing Woodland Hills, CA 91364	CMP			\$3,153.86
Grassroots Impact, LLC San Francisco, CA 94111	CNS			\$10,000.00

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SUBTOTAL \$9,093,959.57

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2018
through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Joe Trippi & Associates, Inc. St. Michaels, MD 21663	TEL	\$0.00	\$953,279.76	\$0.00	\$953,279.76
First National Bank Omaha Omaha, NE 68103-2818	Credit card statement	\$0.00	\$28,473.85	\$0.00	\$28,473.85
Rising Tide Washington, DC 20005	WEB	\$0.00	\$2,500.00	\$0.00	\$2,500.00

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SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$1,242,388.31
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$48,362.76
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$1,194,025.55
May be a negative number.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
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Statement covers period
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NAME OF FILER

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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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Blue State Digital Chicago, IL 60693-0621	BSD Monthly Tools License Fee- September 2018	\$0.00	\$995.00	\$0.00	\$995.00
Rising Tide Washington, DC 20005	WEB	\$0.00	\$10,200.00	\$0.00	\$10,200.00
California Families Vote Green Long Beach, CA 90802	LIT	\$0.00	\$32,000.00	\$0.00	\$32,000.00
Committee ID: 1408055 EMC Research Columbus, OH 43215	CNS	\$0.00	\$2,500.00	\$0.00	\$2,500.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
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through 09/22/2018

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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Educate Your Vote Encino, CA 91436	LIT	\$0.00	\$28,500.00	\$0.00	\$28,500.00
Committee ID: 1345655					
Rising Tide Washington, DC 20005	WEB	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Rising Tide Washington, DC 20005	Reimbursement	\$0.00	\$705.39	\$0.00	\$705.39
Rising Tide Washington, DC 20005	WEB	\$0.00	\$5,000.00	\$0.00	\$5,000.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
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SCHEDULE F (CONT.)

Statement covers period
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NAME OF FILER

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Rising Tide Washington, DC 20005	WEB	\$0.00	\$2,426.40	\$0.00	\$2,426.40
Rising Tide Washington, DC 20005	WEB	\$0.00	\$3,500.00	\$0.00	\$3,500.00
Rising Tide Washington, DC 20005	WEB	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Rising Tide Washington, DC 20005	WEB	\$0.00	\$12,593.55	\$0.00	\$12,593.55

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
from 07/01/2018
through 09/22/2018

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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Joe Trippi & Associates, Inc. St. Michaels, MD 21663	WEB	\$0.00	\$20,000.00	\$0.00	\$20,000.00
Joe Trippi & Associates, Inc. St. Michaels, MD 21663	TEL	\$0.00	\$34,111.53	\$0.00	\$34,111.53
Blue State Digital Chicago, IL 60693-0621	BSD Monthly Tools License Fee- August 2018	\$0.00	\$710.16	\$0.00	\$710.16
Joe Trippi & Associates, Inc. St. Michaels, MD 21663	TEL	\$0.00	\$83,392.67	\$0.00	\$83,392.67

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
from 07/01/2018
through 09/22/2018

**CALIFORNIA
FORM 460**

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NAME OF FILER
Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Hso Hkam Venice, CA 90291	TEL Video production	\$1,500.00	\$0.00	\$1,500.00	\$0.00
Hso Hkam Venice, CA 90291	Reimbursement of costs	\$42.00	\$0.00	\$42.00	\$0.00
Jacob Woocher Los Angeles, CA 90025	Intern monthly stipend	\$800.00	\$0.00	\$800.00	\$0.00
Christen Suzette Hebrard Los Angeles, CA 90066	CNS	\$4,000.00	\$0.00	\$4,000.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM 460
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NAME OF FILER
Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action
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AAP Holding Company, Inc. Westlake Village, CA 91361	PET	\$8,582.50	\$0.00	\$8,582.50	\$0.00
Huibin Amee Chew Los Angeles, CA 90029	CNS	\$4,790.00	\$0.00	\$4,790.00	\$0.00
Arielle Sallai Los Angeles, CA 90026	CNS	\$4,000.00	\$0.00	\$4,000.00	\$0.00
Arielle Sallai Los Angeles, CA 90026	Reimbursement of costs	\$863.51	\$0.00	\$863.51	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Aimee Ewell West Hills, CA 91307	CNS	\$4,000.00	\$0.00	\$4,000.00	\$0.00
Aimee Ewell West Hills, CA 91307	Reimbursement of costs	\$753.57	\$0.00	\$753.57	\$0.00
Housing Long Beach Long Beach, CA 90813	PET	\$1,706.76	\$0.00	\$1,706.76	\$0.00
Change Research Berkeley, CA 94709	POL	\$8,000.00	\$0.00	\$8,000.00	\$0.00
SUBTOTALS					

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
from 07/01/2018
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Telegraph Oakland, CA 94612	CNS	\$8,500.00	\$0.00	\$8,500.00	\$0.00
Press Print, Inc. Banning, CA 92220	CMP	\$824.42	\$0.00	\$824.42	\$0.00
Hso Hkam Venice, CA 90291	WEB	\$0.00	\$1,500.00	\$0.00	\$1,500.00
SUBTOTALS		\$48,362.76	\$1,242,388.31	\$48,362.76	\$1,242,388.31

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

EMC Research

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235				\$351.96
Southwest Airlines Dallas, TX 75235				\$195.98
Southwest Airlines Dallas, TX 75235				\$115.98
Southwest Airlines Dallas, TX 75235	TRS			\$155.98

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$819.90

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Q&A Research Kansas City, MO 64112	TRS			\$2,988.50
Jackson Adept Research Atlanta, GA 30328	TRS			\$3,289.00
Southwest Airlines Dallas, TX 75235			R Bernstein airfare OAK-BUR-OAK 7/8	\$438.96
Alaska Airlines Seatac, WA 98188	TRS			\$458.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7174.46

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Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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Southwest Airlines Dallas, TX 75235	TRS			\$426.97
Southwest Airlines Dallas, TX 75235	TRS			\$135.98
Southwest Airlines Dallas, TX 75235	TRS			\$155.98
Marriott Oakland, CA 94607	TRS			\$338.99

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1057.92

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Marriott Oakland, CA 94607	TRS			\$338.99
Marriott Oakland, CA 94607	TRS			\$26.49

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$365.48

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Schedule G

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SCHEDULE G

Statement covers period
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FORM **460**

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Aimee Ewell

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Roro's Chicken Hollywood, CA 90028			RO-RO Chicken- Staff meeting	\$126.73
Staples Framingham, MA 01702	OFC			\$21.89
Uber San Francisco, CA 94104			Uber- Travel- HHR errand	\$9.12
Uber San Francisco, CA 94104			Uber- Travel- HHR errand	\$3.91

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TOTAL* \$161.65

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Uber San Francisco, CA 94104			Uber- Travel- HHR errand	\$9.98
Uber San Francisco, CA 94104			Uber- Travel- CA-Dem E-Board	\$7.34
Uber San Francisco, CA 94104			Uber- Travel- CA-Dem E-Board	\$6.48
Uber San Francisco, CA 94104			Uber- Travel- CA-Dem E-Board	\$7.23

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TOTAL* \$31.03

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Uber San Francisco, CA 94104			Uber- Travel- CA-Dem E-Board	\$5.82
Uber San Francisco, CA 94104			Uber- Travel- CA-Dem E-Board	\$7.72
Uber San Francisco, CA 94104			Uber- Travel- CA-Dem E-Board	\$4.35
Uber San Francisco, CA 94104			Uber- Travel- CA-Dem E-Board	\$3.17

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$21.06

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FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber San Francisco, CA 94104			Uber- Travel- CA-Dem E-Board	\$7.20
Roro's Chicken Hollywood, CA 90028			RO-RO Chicken- Staff meeting	\$202.20
Uber San Francisco, CA 94104			Uber- Travel- CA-Dem E-Board	\$13.13

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$222.53

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

First National Bank Omaha

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Donzell Davis Camarillo, CA 93012			Event Entertainment	\$650.00
Roro's Chicken Hollywood, CA 90028	OFC			\$680.00
The Harman Press North Hollywood, CA 91605	CMP			\$438.00
Alaska Airlines Seatac, WA 98188	TRS			\$224.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1992.20

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Schedule G

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$224.98
Woodland Hills Printing Woodland Hills, CA 91364	CMP			\$3,521.99
The Harman Press North Hollywood, CA 91605				\$876.00
Staples Framingham, MA 01702				\$262.25

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4885.22

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Staples Framingham, MA 01702				\$163.92
Woodland Hills Printing Woodland Hills, CA 91364				\$3,153.86
Southwest Airlines Dallas, TX 75235				\$402.96
Woodland Hills Printing Woodland Hills, CA 91364	PRT			\$18,232.22

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$21952.96

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Schedule G

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First National Bank Omaha

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Roro's Chicken Hollywood, CA 90028	OFC			\$246.69
The Harman Press North Hollywood, CA 91605	PRT			\$4,433.13

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4679.82

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FPPC Form 460 (June/01)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Hso Hkam

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber San Francisco, CA 94104			Uber: Oakland (\$8.34) (\$6.90)	\$15.24
Uber San Francisco, CA 94104			Uber: from Bus Drop off to Home	\$20.40
Uber San Francisco, CA 94104			Uber: from Home to Bus Stop	\$24.23

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$59.87

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FPPC Form 460 (June/01)
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Schedule G

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Joe Trippi & Associates, Inc.

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Boutwell Recording Studios, Inc. Birmingham, AL 35209	TEL			\$1,177.50
Periscope Post & Audio Chicago, IL 60608-1721	TEL			\$2,580.94
Tom Richards voice overs Wilmington, DE 19808	TEL			\$500.00
Periscope Post & Audio Chicago, IL 60608-1721	TEL			\$800.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5058.44

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Schedule G

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lamson Media, Inc. Washington, DC 20005	TEL			\$13,550.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$13550.00

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Schedule G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

MVM Strategy Group, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber San Francisco, CA 94104				\$59.31
Southwest Airlines Dallas, TX 75235				\$523.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$583.27

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I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Poverty Matters

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235			San Jose/Burbank	\$351.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$351.96

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Arielle Sallai

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber San Francisco, CA 94104	TRS			\$11.53
Uber San Francisco, CA 94104	TRS			\$13.04
Facebook Menlo Park, CA 94025	WEB			\$118.90
Facebook Menlo Park, CA 94025	WEB			\$101.19

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$244.66

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Susan Shannon

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Enterprise St. Louis, MO 63105	TRS			\$260.00
Marriott Oakland, CA 94607			Hotel for Eboard	\$771.20
Uber San Francisco, CA 94104			Uber - San Francisco trip	\$6.19

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1037.39

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Andrea Slater

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrea Slater Vallejo, CA 94590			Mileage Vallejo to Sacramento (BWIPA, Community)	\$61.56
Andrea Slater Vallejo, CA 94590			Mileage Vallejo to SF (HRC, Public Housing Groups)	\$34.02
Andrea Slater Vallejo, CA 94590			Mileage - Vallejo - Sacramento (K. Todd and CNC)	\$61.56
Andrea Slater Vallejo, CA 94590			Parking, (Oakland- CA Dem E-Board Meeting)	\$14.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$171.14

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page 101 of 119

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Andrea Slater

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrea Slater Vallejo, CA 94590			Mileage - Oakland to Berkley- Richmond - Housing Groups	\$14.80
Andrea Slater Vallejo, CA 94590			Mileage - Oakland to SF - Housing Groups	\$34.02
Andrea Slater Vallejo, CA 94590			Parking. (Oakland- CA Dem E-Board Meeting)	\$0.75
Andrea Slater Vallejo, CA 94590			Parking. (Oakland- CA Dem E-Board Meeting)	\$35.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$84.57

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Jacob Woocher

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber San Francisco, CA 94104			Uber from Marriott to printing shop and back.	\$21.39
Uber San Francisco, CA 94104			Uber from the office to the bus.	\$16.42
Uber San Francisco, CA 94104			Uber home from the bus.	\$34.22

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$72.03

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 07/01/2018 through 09/22/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER
1399958

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 07/01/2018

through 09/22/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER

1399958

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: NON869
in-kind contribution

Memo Reference: NON870
in-kind contribution

Memo Reference: NON919
in-kind contribution

Memo Reference: NON920
in-kind

Memo Reference: NON921
in-kind

Memo Reference: NON922
in-kind

Memo Reference: NON923
in-kind

Memo Reference: NON924
in-kind

Memo Reference: NON925
in-kind

Memo Reference: NON963
in-kind

Memo Reference: NON964
in-kind

Memo Reference: NON965
in-kind

Memo Reference: NON966
in-kind

Memo Reference: NON967
in-kind

Memo Reference: NON968
in-kind

Memo Reference: NON969
in-kind

Memo Reference: NON970
in-kind

Memo Reference: NON971
in-kind

Memo Reference: NON994
in-kind contribution

Memo Reference: NON995
in-kind contribution

Memo Reference: NON996
in-kind contribution

Memo Reference: NON1002
in-kind contribution

Memo Reference: NON1003
in-kind contribution

Memo Reference: NON1006
in-kind contribution

Memo Reference: NON1007
in-kind contribution

Memo Reference: NON1008
in-kind contribution

Memo Reference: NON1009
in-kind contribution

Memo Reference: NON1010
in-kind contribution

Memo Reference: NON1015
in-kind contribution

Memo Reference: NON1016
in-kind contribution

Memo Reference: NON1017
in-kind contribution

Memo Reference: NON1018
in-kind contribution

Memo Reference: NON1019
in-kind contribution

Memo Reference: NON1020
in-kind contribution

Memo Reference: NON1052
in-kind contribution

Memo Reference: NON1053
in-kind contribution

Memo Reference: NON1054
in-kind contribution

Memo Reference: NON1061
in-kind contribution

Memo Reference: NON1062
in-kind contribution

Memo Reference: NON1063
in-kind contribution

Memo Reference: NON1064
in-kind contribution

Memo Reference: NON1065
in-kind contribution

Memo Reference: NON1069
in-kind contribution

Memo Reference: NON1973
in-kind contribution

Memo Reference: NON1974
in-kind contribution

Memo Reference: NON1975
in-kind contribution

Memo Reference: NON1976
in-kind contribution

Memo Reference: NON1978
in-kind contribution

Memo Reference: NON1979
in-kind contribution

Memo Reference: NON1980
in-kind contribution

Memo Reference: NON1981
in-kind contribution

Memo Reference: NON1982
in-kind contribution

Memo Reference: NON1984
in-kind contribution

Memo Reference: NON1985
in-kind contribution

Memo Reference: NON1986
in-kind contribution

Memo Reference: NON1987
in-kind contribution

Memo Reference: NON1988
in-kind contribution

Memo Reference: NON1990
in-kind contribution

Memo Reference: NON1991
in-kind contribution

Memo Reference: NON1993
in-kind contribution
